



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

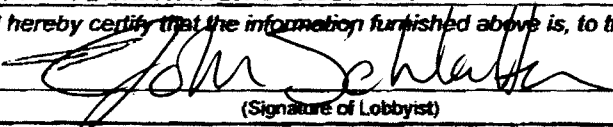
STATE OF HAWAII
STATE ETHICS COMMISSION


(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Schlatter		John		253.238.8841
MAILING ADDRESS (Street)				FAX
8225 65 th Ave E				253.238.9248
(City)		(State)	(Zip Code)	
Puyallup		WA	98371	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
TAP Pharmaceuticals			847.582.2000
MAILING ADDRESS (Street)			FAX
675 North Field Dr.			
(City)	(State)	(Zip Code)	
Lake Forest	IL	60045	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
John Schlatter			253.238.8841
MAILING ADDRESS (Street)			FAX
8225 65 th Ave E			253.238.9248
(City)	(State)	(Zip Code)	
Puyallup	WA	98371	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input checked="" type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
 (Signature of Lobbyist)	10/13/86 (Date)

PART V AUTHORIZATION TO LOBBY			
NAME Michael Hughes		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED National Manager	
NAME OF ORGANIZATION (if applicable) TAP Pharmaceuticals		TELEPHONE 503.656.3382	
MAILING ADDRESS (Street) West Linn		FAX 503.655.6749	
(City)	OR (State)	97068 (Zip Code)	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
 (Signature of Authorizing Officer or Person Represented)		10/4/86 (Date)	